

Details of recent abuse incidents at the IBC in Boulder Montana.

When you hear about allegations of abuse at the IBC in Boulder it is easy to become alarmed if you do not also know the factual details of each incident. Because the word 'abuse' is so emotionally loaded, it is misleading to cite numerical statistics of 'abuse allegations' without examining the details of each incident. Here are some examples of actual abuse incidents at the IBC in Boulder MT during last month.

These incidents pertain to current IBC client, [REDACTED] and are from his Therap records which I, his guardian, have access to.

1. **May 24, 2018** – a client was antagonizing [REDACTED] [my son] He would yell across the table at [REDACTED] [my son]. Staff asked him to stop and verbally redirected him several times.
2. **May 17, 2018:** Client was taunting and antagonizing [REDACTED] [my son]. Client was asked to stop, but continued. [REDACTED] [my son] was instructed to move so that there would be a seat between them. The client threw a paper towel at [REDACTED] [my son] Client was escorted to the IBC courtyard to calm down.
3. **May 12, 2018** A client began to spit at staff. Staff asked him to stop. Client continued to spit and took his shoe off and swung at staff with his shoe. Staff took his shoe away. Client sat in his room and called the other clients names. When shift manager arrived, client began to urinate on his bedroom wall and called housemates names again. Staff was able to talk client out of the behavior.

Having access to the details of every abuse allegation which involves my son, I can attest that the majority of allegations are similar to the examples above. I hope these details are helpful to you as you seek to understand the data presented to you.

A REQUEST: I prefer a congregate care setting for my son, [REDACTED], over a community placement, and would like that option to be available for him here in his home state of Montana.

1. For my son, 'institutional' life has been good and life 'in the community' has been bad. In his years in at MDC, [REDACTED] [my son] has had more work, recreation and social activities, better medical and nutritional care, more freedoms and interaction with non-disabled community members, and has been safer from staff abuse than in his private, community placements. In his most recent private community placement (2009 – 2012, Great Falls, MT) [REDACTED] [my son] was subject to staff sexual molestation, staff theft of his food stamps and medical abuse, being given 6 psychotropic (mind altering) drugs as a means of controlling his behavior. Without experienced or trained staff, [REDACTED] [my son] was drugged into a stupor and left in his room for the entire day, lying in his own feces and urine, unable to access work or recreation activities. He was finally rescued by DPHHS and sent to MDC to recover.
2. I often hear it said that that the seriously developmentally disabled have a 'right' to live in the community. A right to what, I wonder? Considering the increased isolation evident in our urban neighborhoods, a social historian observes, "There are few places as desolate and lonely as a suburban street on a hot afternoon." (Bowling Alone, Robert Putman, p. 211) I believe that for some disabled individuals, congregate care can provide a greater sense of community than so-called 'community' placements.

From Carol Dailey, parent of IBC client

Sandi Heine, guardian of former MDC client

1. Update on her brother [REDACTED] Was in Unit 5 at MDC. Now with AWARE in Grt Falls.

a. What's Going Well

- i. Moved from Boulder to Great Falls on April 2, 2018
- ii. Pat Clark – is case manager for AWARE
- iii. Sandi feels that Aware is "Trying to do what they said they would."
- iv. [REDACTED] [Her brother] is liking it.
- v. Work – food distribution. This consists of grocery shopping and delivering the food to various group homes.
- vi. If not supervised, Sandi says, [REDACTED] [her brother] would be a predator of young children; Aware provides [REDACTED] [her brother] with MSOTA counseling once a week. (MT Sex Offender Treatment Association)
- vii. Safety plan – House supervisor in charge. Every time they go out, John has to outline issues / protocol. Staff has to outline issues / protocol

b. Sandi's concerns

- i. [REDACTED] [her brother's] safety: Back-up if placement failure or arrest: "I don't know what would happen to [REDACTED] [my brother] if something happened and he was arrested. I won't let him go to Warm Springs." She said that she would quit her job and take him to live with her.
- ii. Inconsistency – inadequate supervision. They've have been, in first 5 weeks, several staff turnovers. One person who was supposed to be a main staff, she's gone. Person most familiar with [REDACTED] [her brother] is a brand -new person – just being trained when John moved there. House supervisor – he seems to be running back and forth.
- iii. [REDACTED] [Her brother's] had a couple of small incidents. (SOB) So far, they've been observed and handled. But Sandi worries constantly.
- iv. I don't see how they can keep up all the supervision at any less cost than at MDC when clients were contained.